



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County:		District:		District Level:	
13 Fallon		0244 Baker K-12 Schools		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
12	1263	No	Gonsioroski, Charles & Katrina	2.25	_____
12	1264	No	Barkley, Molly	2.25	_____
12	1265	No	Hall, May Lynn	0.50	_____
12	1266	No	Gonsiorski, Martin	1.50	_____
12	1267	No	Losing, Norma	2.15	_____
12	1268	No	Post, Julie	1.50	_____
12	1269	No	Rost, Roy	4.75	_____
12	1270	No	Spethman, Mary & Larry	1.88	_____
12	1271	No	Wipperling, Audrey & Rodney	1.00	_____



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Date			Signature, Chair, Board of Trustees		
County: 13 Fallon			District: 0256 Plevna K-12 Schools		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
55	1256	No	Bainter, Gary	0.25	_____
55	1257	No	Huft, Roy	1.10	_____
55	1258	No	Nemitz, Nadine	0.50	_____
55	1259	No	O'Connor, Claudine	1.50	_____
55	1260	No	Rugg, Duane	0.50	_____
55	1261	No	Sieler, Steve	0.25	_____
55	1262	No	Straub, David B	0.60	_____
55	1503	No	Reiner, Melanie	2.50	_____